

Name
in
Full

Elizabeth Baber Garret

CERTIFICATE OF DEATH

Died at ^{Town} Grantsville ^{County} Garret

MARYLAND

Date of death 1905 ^{Month} Feb ^{Day} 26 ^{Years} 72 ^{Months} ^{Days}Sex Female ^{Color or Race} White ^{Birthplace} UnknownOccupation Farmers wife ^{Where Residing if not at place of death} Grantsville MdMarried, Single or Widowed Married ^{Name of Wife or Husband} Solomon BaberFather's Name ~~William~~ Custer ^{Father's Birthplace} UnknownMother's Maiden Name Elizabeth Custer ^{Mother's Birthplace} "Name of person giving information J. B. Linderbaugh & Son ^{How related to deceased}

CAUSES OF DEATH

Primary Organic dis Heart 79 ^{How long} One weekImmediate Hypoxia ^{How long}

Are the name, age, sex, color, date and place correctly given above? Yes

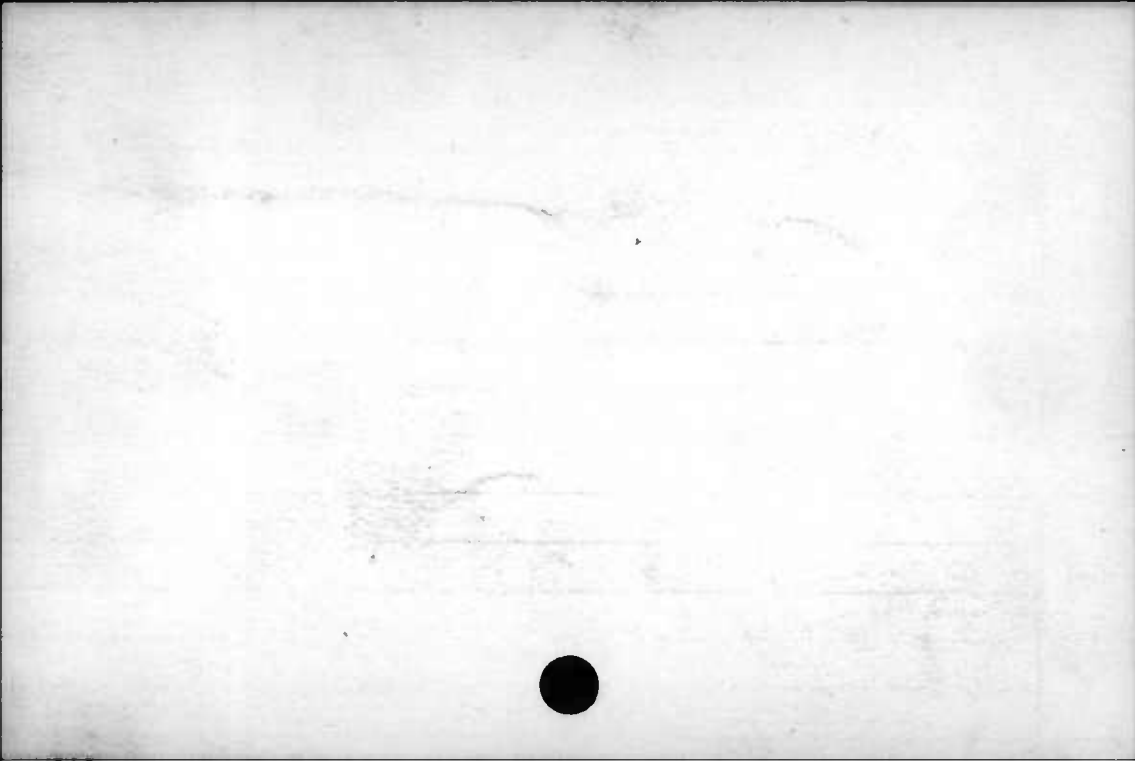
Signature of Physician J. B. Linderbaugh

as far as known

Address Grantsville Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

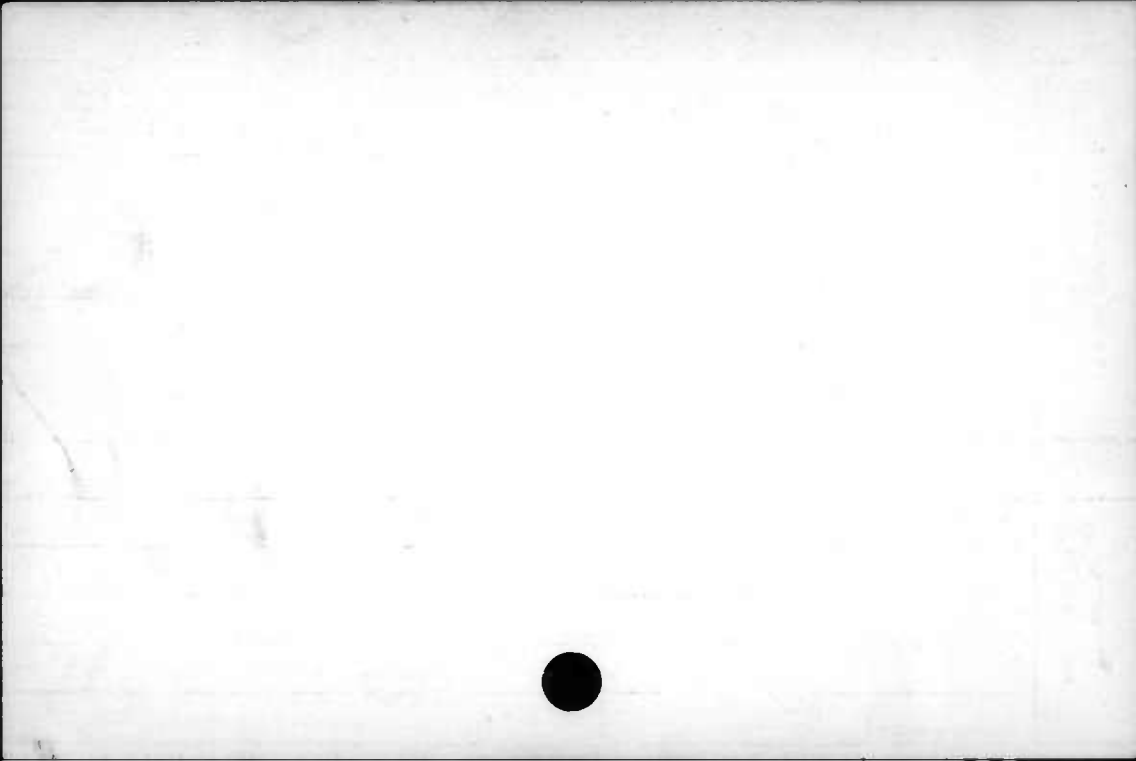
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Grantville</i> ^{Town}		<i>Garrett</i> ^{County}		MARYLAND	
Date of death 190 <i>5</i>	<i>Feb</i> ^{Month}	<i>10</i> ^{Day}	Age <i>30</i> ^{Years}	<i>4</i> ^{Months}	<i>6</i> ^{Days}
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Grantville</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>Farmer</i>			
Name of Wife or Husband <i>Jane</i>					
Father's Name <i>Abraham Beachy</i>			Father's Birthplace <i>Elkhart Pa</i>		
Mother's Maiden Name <i>Gordonia Mayling</i>			Mother's Birthplace <i>Elkhart Pa</i>		
Name of person giving information <i>Wash Beachy</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long <i>170</i>
Immediate <i>Trauma to death</i>	How long <i>170</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. T. Robinson M.D.</i>
	Address <i>Grantville</i>
Accident or Suicide? <i>Accident</i>	



Name
in
Full

Daniel Carey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *New Johnson* TownCounty *Carroll*

MARYLAND

Date
of death *1900*Month *2*Day *17*Age *90* Years

Months

Days

Sex *male*Color or
Race *White*Birth-
place *Ireland*Occupation *Farmer*Where Residing if not
at place of deathMarried, Single
or Widowed *2*Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
in formation *Thomas Carey*How related
to deceased *Son*

CAUSES OF DEATH

Primary *old age*

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Schmidt Mayer
Undertakers

Accident or Suicide?

PHYSICIAN
OR CORONER

50m

Catholic Cemetery -

Name
in
Full

Baby Castles X

CERTIFICATE OF DEATH

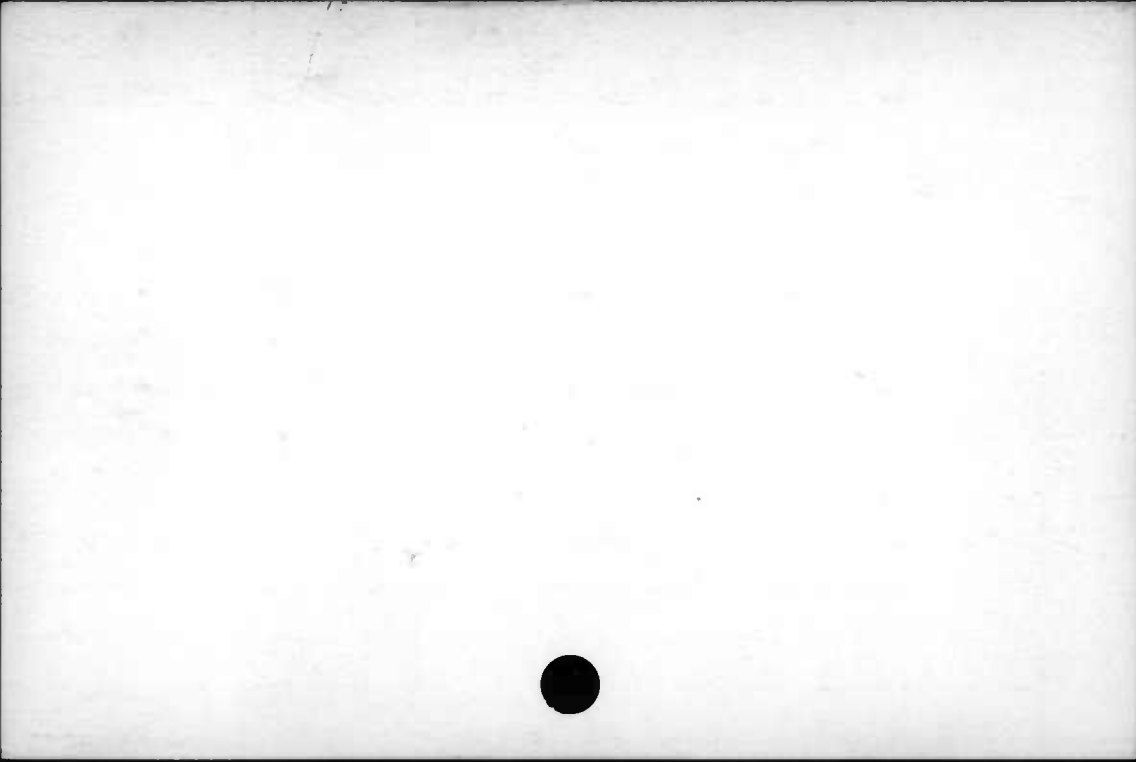
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Wm. Bear Pome</u> ^{Town}		<u>Garrett</u> ^{County}		MARYLAND	
Date of death	1902	Month	May	Day	25
Sex	Female	Color or Race	White	Age	5
Occupation		Birth-place	Ind	Where Residing if not at place of death	Ind
Married, Single or Widowed	Single	Name of Wife or Husband	Wm. B. Castles	Father's Birthplace	Ind
Father's Name	F. B. Castles	Mother's Birthplace	Ind	How related to deceased	Ind
Mother's Maiden Name	Hatty Friend				
Name of person giving information	O. J. Filson				

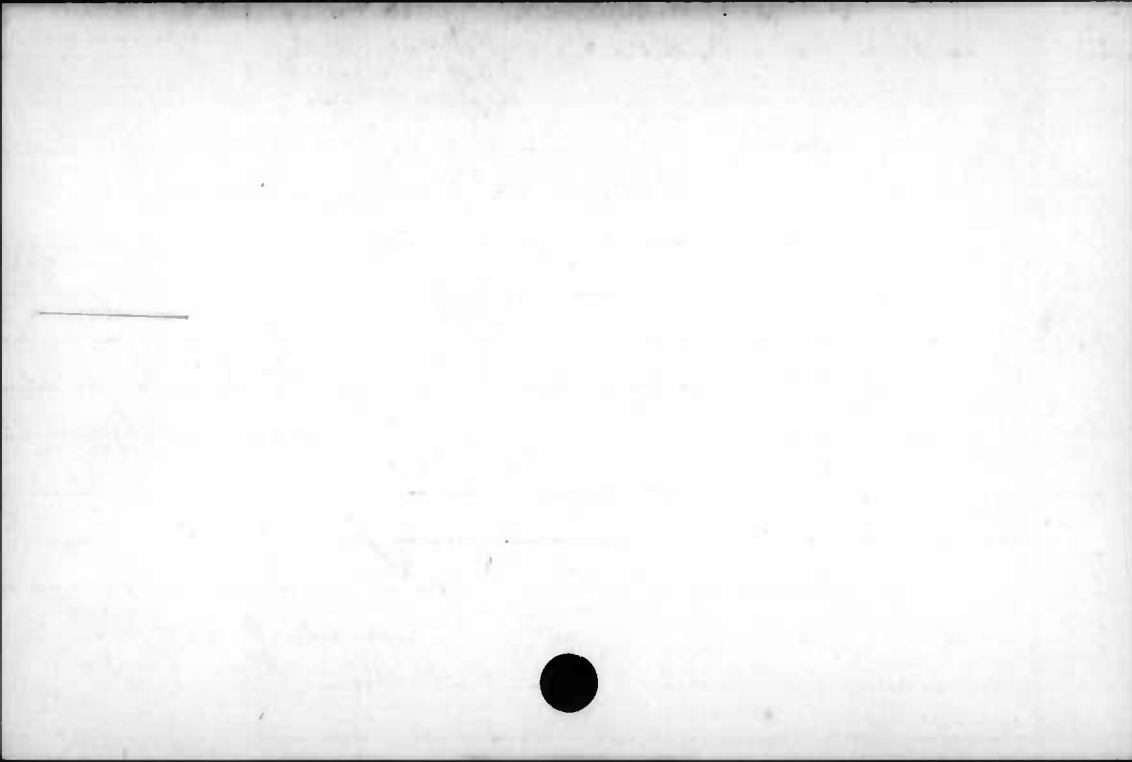
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Phenomena 93	How long	6 day
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Dr. Cairinger	
	Address		
Accident or Suicide?			



Name in Full		Town		County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Oakland		Garnett		MARYLAND	
		Date of death		1905		Age		14	
		Sex		Male		Color or Race		Caucasian	
		Occupation		None		Birth-place		Oakland	
						Where Residing if not at place of death			
		Married, Single or Widowed		Single		Name of Wife or Husband			
		Father's Name		Robert Clark		Father's Birthplace		North Carolina	
Mother's Maiden Name		Mary Clark		Mother's Birthplace		Caucasian			
Name of person giving information		Robt Clark		How related to deceased		Father			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		Cold		How long		92	
		Immediate		Inflammation of lungs		How long		two days	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		None			
				Address					
		Accident or Suicide?							



Name
in
Full

Hayle Marie Dewitt

CERTIFICATE OF DEATH

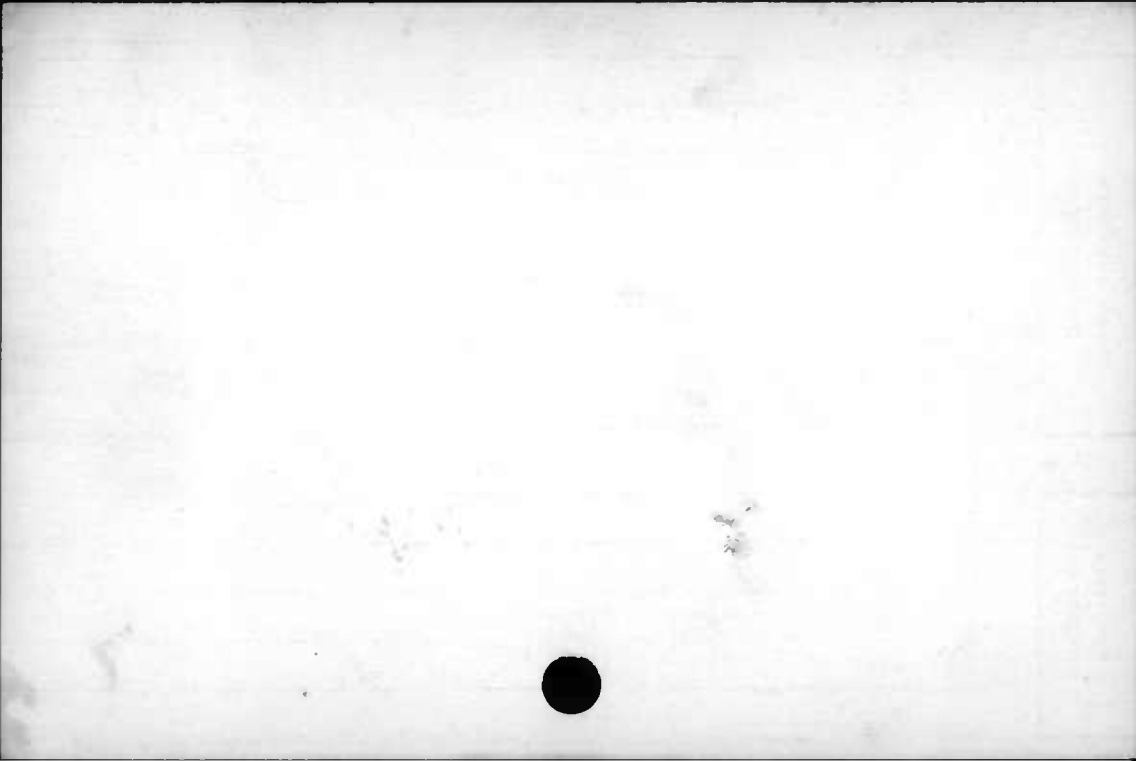
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Sang Run		County Garrett		MARYLAND	
Date of death	1905	Month April	Day 28	Age	Years	Months	Days 10
Sex	Female		Color or Race	White		Birth- place	Maryland
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Ruphus Dewitt				Father's Birthplace	
Mother's Maiden Name		Bettie Welch				Mother's Birthplace	
Name of person giving In formation		Ruphus Dewitt				How related to deceased	
		Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	(71) ✓
Immediate	Spasms	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. Savage & son Underhill	
Address		Friendsville Md.	
Accident or Suicide?		No physician attending ✓	



Name
in
Full

CERTIFICATE OF DEATH

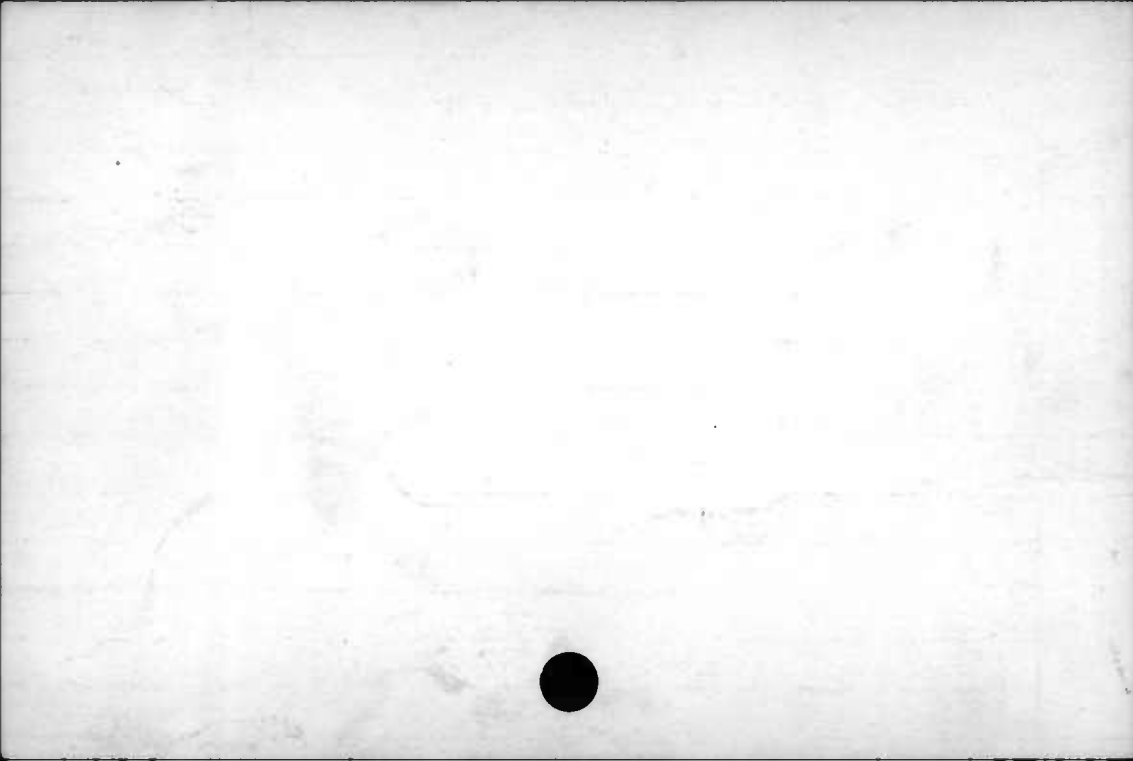
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Edward</i>		Town <i>Accident</i>		County <i>Garrett</i>		MARYLAND	
Died at <i>Accident</i>		Date of death 1905 Feb. 14		Age 54		Months 7	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Germany</i>		Days 28	
Occupation <i>Wagon Maker</i>		Where Residing if not at place of death <i>Accident</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mathias Edward</i>					
Father's Name <i>Does not know</i>		Father's Birthplace					
Mother's Maiden Name <i>Does not know</i>		Mother's Birthplace					
Name of person giving information <i>Conrad Schmale</i>		How related to deceased <i>uncle</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Suicidity</i>	How long <i>164</i>
Immediate <i>Suicidity</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. R. Bayer</i>
	Address <i>Accident</i>
Accident or Suicide?	<i>MS</i>



Name
in
Full

CERTIFICATE OF DEATH

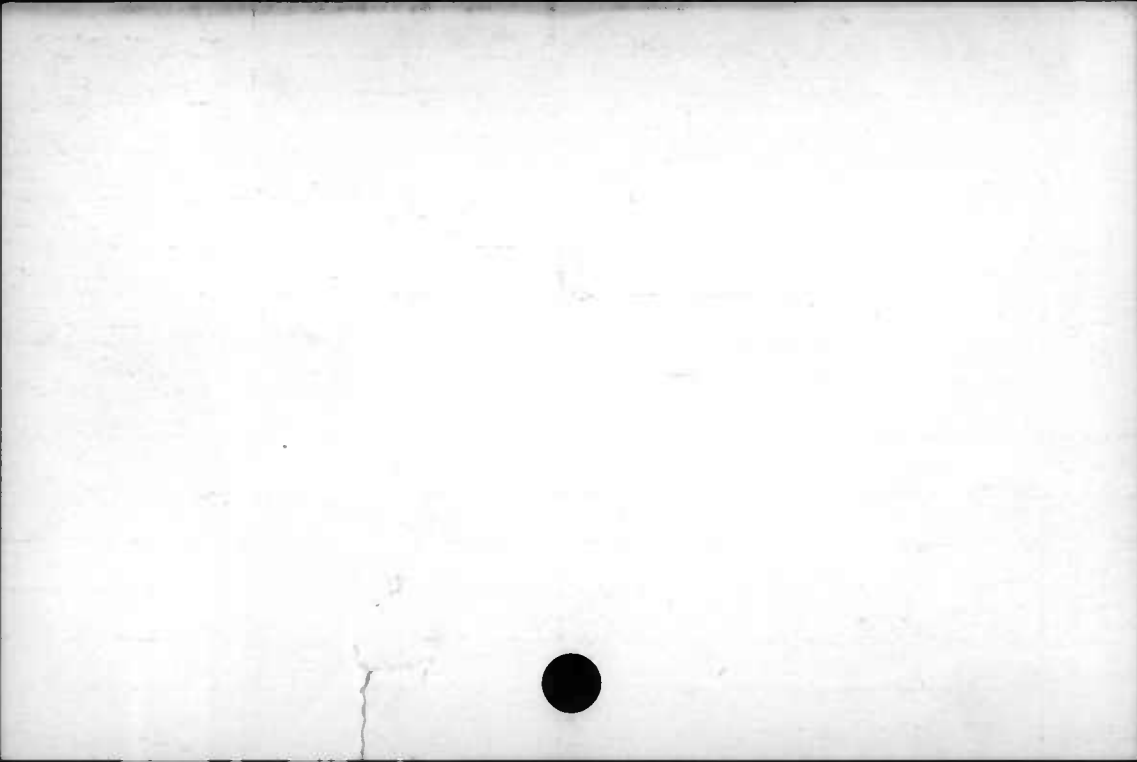
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Wheeler Raymond Green		Town Laurel Run		County Allegheny		State MARYLAND	
Died at Laurel Run		Date of death 1905 Feb 20		Age —		Months 1	
Sex Male		Color or Race White		Birth-place Laurel Run		Days 27	
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name George Washington Green				Father's Birthplace Sonoma, Calif.			
Mother's Maiden Name Rebecca Clark				Mother's Birthplace Laurel Run			
Name of person giving information Geo. W. Green				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary La grippe	How long 10 days
Immediate Not seen by physician	How long —
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician James O. Bullock
Notes Mother was reunited with La Grippe 20th (same time)	Address Sonoma, Calif.
Accident or Suicide? No	



Name
in
Full

Ellen Hauser

X

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Hauser

Garrett

Date

of death 1905

Month

Feb

Day

13

Years

Age

58

Months

1

Days

11

Sex

Female

Color or
Race

White

Birth-
place

Garrett MD

Occupation

Where Residing if not
at place of death

Hauser

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

John D. Steyer

Father's
Birthplace

Benton MD

Mother's
Maiden Name

William B. Beard

Mother's
Birthplace

Washington DC

Name of person giving
information

Hed Steyer

How related
to deceased

Brother

CAUSES OF DEATH

Primary

General debility

How long

154

Immediate

Heart

How long

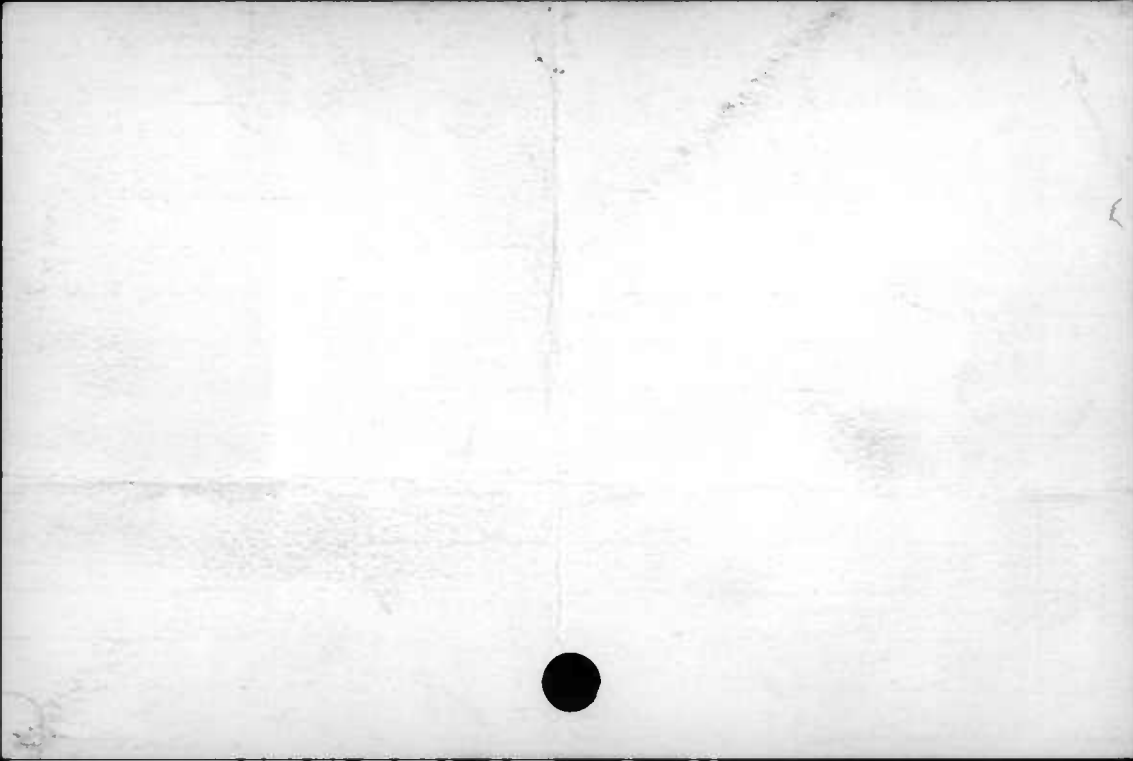
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. Gilbert Selby
Eggleston W Va

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Baby Hershman
Twp
Cullin
County
Garrett

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

1905

Month

July

Day

15

Age

Years

Months

Days

15

Sex

Male

Color or
Race

White

Birth-
place

Cullin

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Walter Hershman

Father's
Birthplace

Mother's
Maiden Name

Leigh No

Mother's
Birthplace

Name of person giving
In formation

Chas A Ashby

How related
to deceased

son

CAUSES OF DEATH

Primary

How long

Immediate

Pneumonia

93

How long

3 day

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

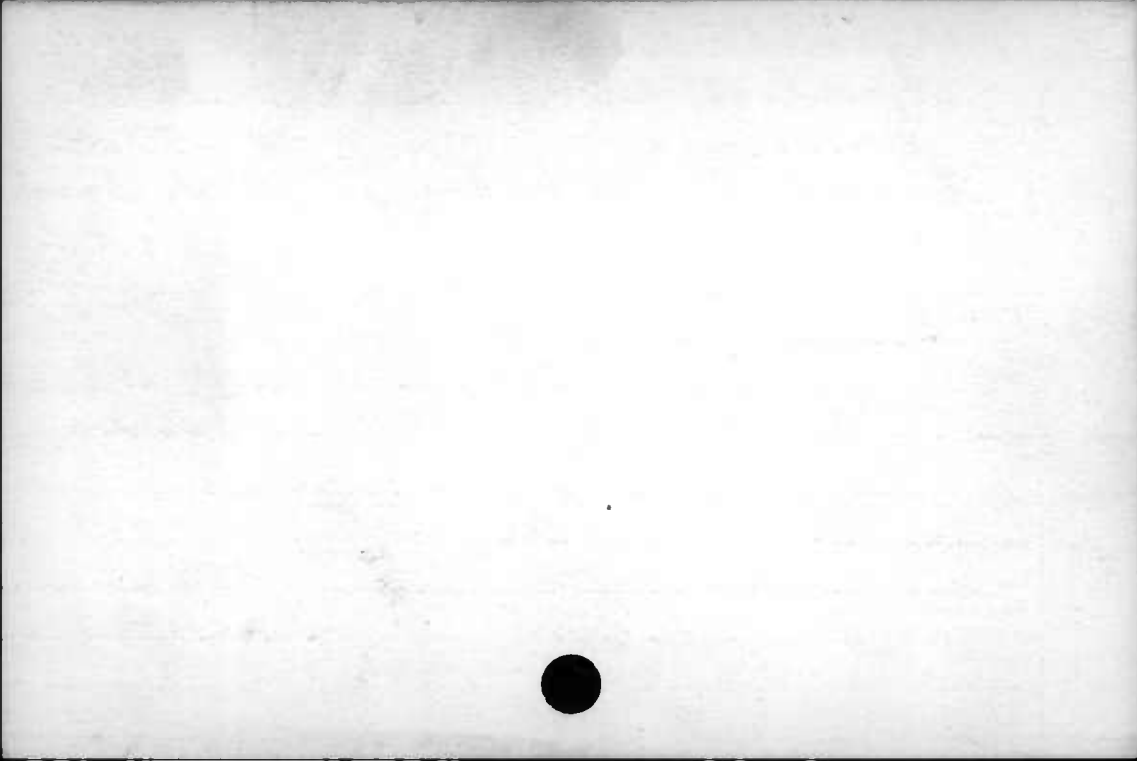
Dr. Ligon

Accident or Suicide?

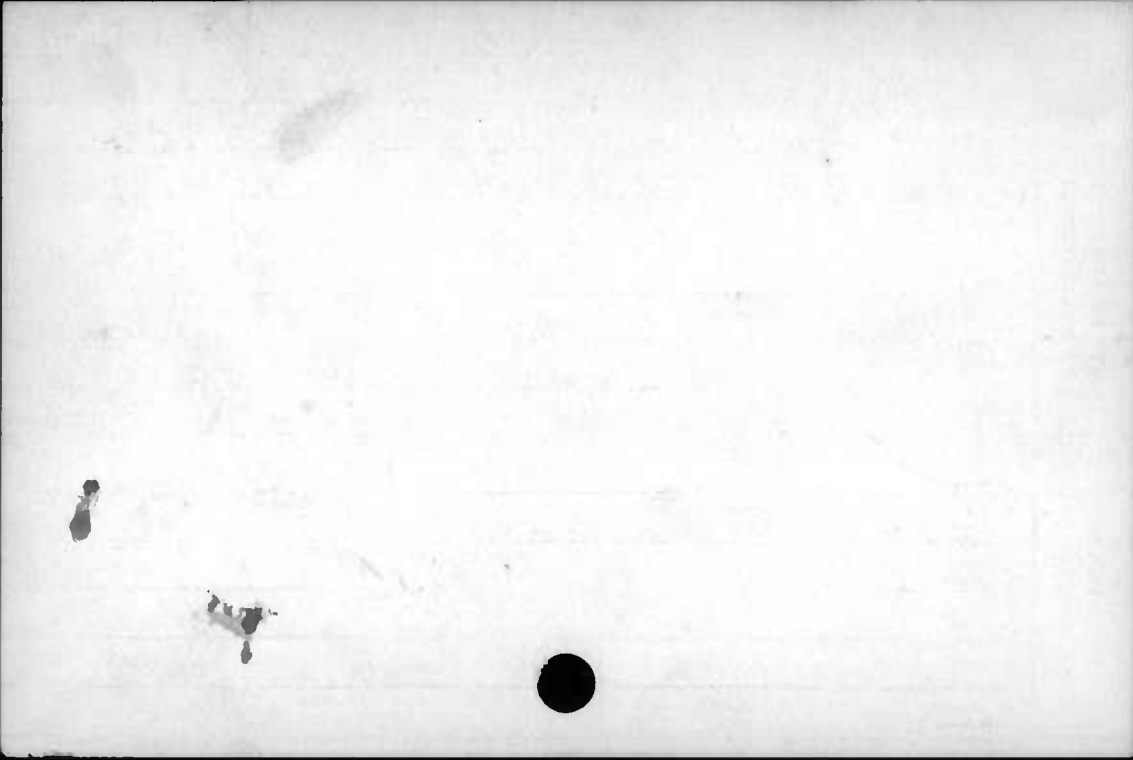
✓

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full		Berginid, R McCandlish				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Friendsville		County Garrett		MARYLAND	
	Date of death 1905	Month Feb	Day 8	Age	Years —	Months 11	Days 3
	Sex	Female		Color or Race	white		Birth-place
	Married, Single or Widowed		Single		Occupation		
	Name of Wife or Husband						
	Father's Name	Robert, C. McCandlish				Father's Birthplace	Wva
	Mother's Maiden Name	Maud, L Yeager				Mother's Birthplace	Wva
Name of person giving information	Robert, C. McCandlish				How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Capillary Bronchitis				How long	3 days
	Immediate	" " 90				How long	"
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
				Friendsville			
				Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

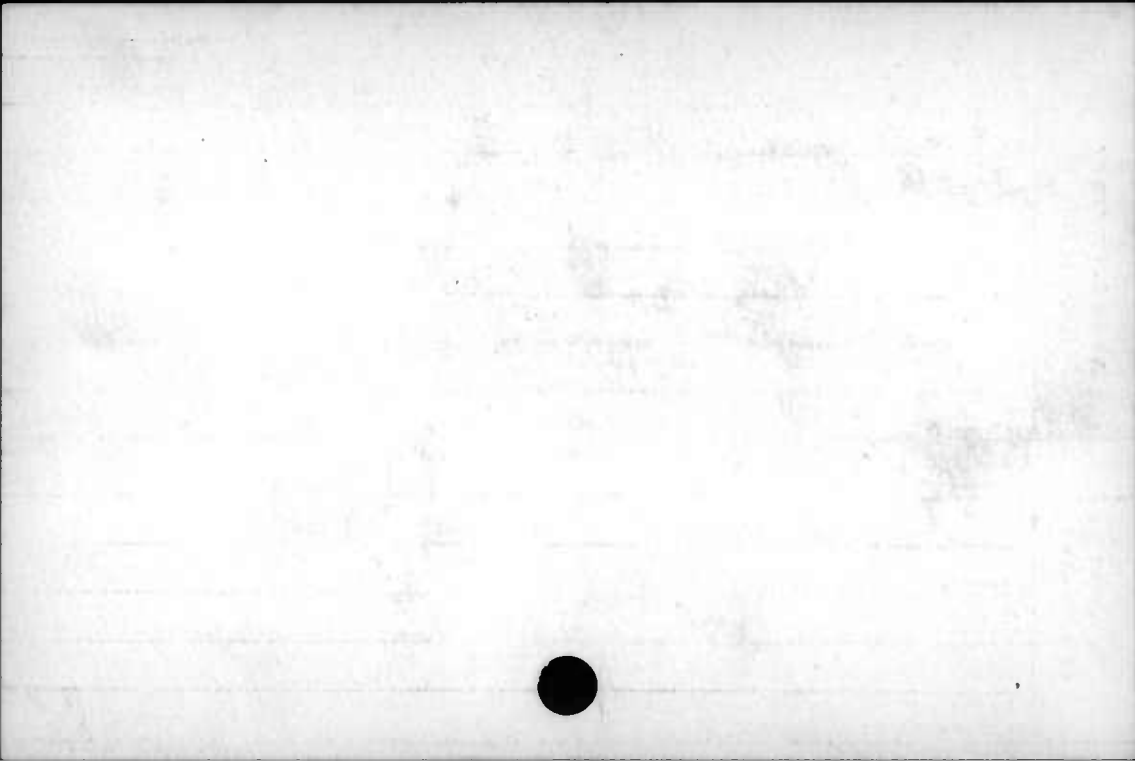
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mr Thomas Savage</i>		Town <i>Healer</i>		County <i>Savage</i>		State <i>MARYLAND</i>	
Died at		Date of death 1905		Month <i>Feb</i>	Day <i>9</i>	Age <i>78</i>	Years <i>5</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer</i>					
Name of Wife or Husband <i>Elizabeth Savage</i>							
Father's Name <i>John R Savage</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Kenn Friend</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Elizabeth Savage</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Lung and Pleurisy</i>	How long <i>1 wk</i>
Immediate <i>Heart</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. Mason M.D.</i>
	Address <i>Frederickville Md</i>
Accident or Suicide? <i>✓</i>	



Name
in
Full

Betty Malch



CERTIFICATE OF DEATH

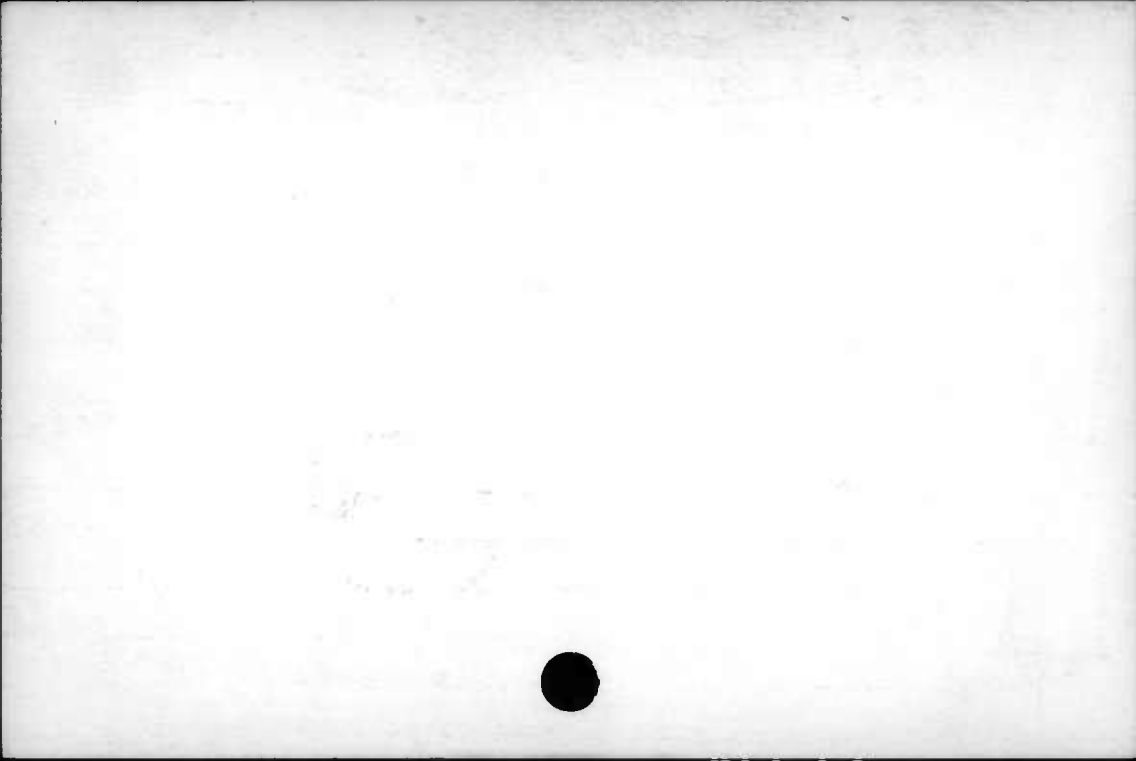
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		July	7	72			
Sex	Female	Color or Race	White	Birth-place	Va		
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband			
Edward Malch				Father's Birthplace			
Father's Name				Don't know			
Mother's Maiden Name				Don't know			
Name of person giving information				J H Raby			
				How related to deceased			
				Nephew			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Old age	How long	154
Immediate	Exhaustion	How long	one year
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		J H Raby	
		Address	
		Swanton	
Accident or Suicide?			



Name
in
Full

Cora L. Welch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>McHenry</i>		Town <i>Garrett</i>		County		MARYLAND	
Date of death 1905	Month <i>Feb</i>	Day <i>5</i>	Age <i>19</i>	Years	Months <i>4</i>	Days <i>9</i>	
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Maryland</i>					
Married, Single or Widowed <i>Single</i>		Occupation <i>House work</i>					
Name of Wife or Husband							
Father's Name <i>Brian Welch</i>				Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Susan E. Specht</i>				Mother's Birthplace <i>MD</i>			
Name of person giving information <i>Brian Welch</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Consumption</i>		<i>2 1/4</i>	long	<i>2 or 3 years</i>
Immediate					
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>J. Savage, undated</i>		
			Address <i>Friendsville MD</i>		
Accident or Suicide?			<i>now physician attending</i>		

